

UNIT FLIGHT STATUS DATA

WI-

UNIT NAME:
ADDRESS:

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DATE COMPLETED:
COMPLETED BY:
TELEPHONE:

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NAME	CAPSN	PILOT RATING							MEDICAL CLASS			FLIGHT HOURS			FRO TRNG DATE	CHECK PILOT	MISSION CHECK PILOT
								Inst.	1ST DATE	2ND DATE	3RD DATE	TOTAL HOURS	INST HOURS	PIC HOURS			
		PRIV	COMM	INST	MULTI	CFI	CFII	Pilot									

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UNIT NAME:
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NAME	MEM EXPR DATE	SAFETY DOWN DATE	BFR EXPR DATE	AC QUES- TIONAIRE	FORM 5 WRITTEN EXAM	SOU ON FILE	FORM 5 EXPR DATE	FORM 91 EXPR DATE	PILOT QUALIFICATIONS					FORM 101 EXPR DATE	FRO DATE APPNT
									CAP	TRANS- PORT	MISSION	CD	CADET ORIENT		